

<b>Issue Classification</b>				Application No. 09/688,572		Applicant(s) SEUL, MICHAEL	
				Examiner Pensee T. Do		Art Unit 1641	



ORIGINAL				CROSS REFERENCE(S)								
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)									
436	534	436	518	524	525	526	528	531	532			
INTERNATIONAL CLASSIFICATION				436	535	63	164	165	166	169	172	
G	0	1	N	33/553	436	175						
			/	204	400	450	403	549	600	643	453	
			/	204	47.1	645	415	416	417			
			/	216	22	23						
			/	429	30	33	41	44	45			
PENSEE T. DO 1/05/2005 (Assistant Examiner) (Date)				LONG V. LE SUPERVISOR, PATENT EXAMINER TECHNOLOGY CENTER 1600 (Primary Examiner) 1/4/05						Total Claims Allowed: 12		
<i>C. Pensee T. Do</i> (Legal Instruments Examiner) (Date) 2/22/05										O.G. Print Claim(s) 1	O.G. Print Fig. 1	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R. 1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1		31		61		91	
2		32		62		92	
3		33		63		93	
4		34		64		94	
5		35		65		95	
6		36		66		96	
7		37		67		97	
8		38		68		98	
9		39		69		99	
10		40		70		100	
11		41		71		101	
12		42		72		102	
13		43		73		103	
14		44		74		104	
15		45		75		105	
16		46		76		106	
17		47		77		107	
18		48		78		108	
19		49		79		109	
20		50		80		110	
21		51		81		111	
22		52		82		112	
23		53		83		113	
24		54		84		114	
25		55		85		115	
26		56		86		116	
27		57		87		117	
28		58		88		118	
29		59		89		119	
30		60		90		120	
						150	180
							210

<b>Issue Classification</b>		Application No. 09/688,572	Applicant(s) SEUL, MICHAEL	
		Examiner Pensee T. Do	Art Unit 1641	

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
436	534	205	50    52    54    81    84    91    109
INTERNATIONAL CLASSIFICATION			
G	O    1    N	33/553	/    /    /    /    /    /    /
PENSEE T. DO 1/05/2005 (Assistant Examiner) (Date)			
Total Claims Allowed: 12			
(Legal Instruments Examiner) (Date)		(Primary Examiner) (Date)	O.G. Print Claim(s) 1
			O.G. Print Fig. 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		301		331	
212		242		302		332	
213		243		303		333	
214		244		304		334	
215		245		305		335	
216		246		306		336	
217		247		307		337	
218		248		308		338	
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220		250		310		340	
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222		252		312		342	
223		253		313		343	
224		254		314		344	
225		255		315		345	
226		256		316		346	
227		257		317		347	
228		258		318		348	
229		259		319		349	
230		260		320		350	
231		261		321		351	
232		262		322		352	
233		263		323		353	
234		264		324		354	
235		265		325		355	
236		266		326		356	
237		267		327		357	
238		268		328		358	
239		269		329		359	
240		270		330		360	